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Original Communications.

THREE CASES OF RETINITIS PIGMENTOSA, TOGETHER WITH A READY METHOD OF RECORDING THE FIELD OF VISION, AND A REGISTER FOR THE SAME.

Presented to the Suffolk District Medical Society by B. JOY JEFFRIES, M.D., Ophthalmic Surgeon to the Mass. Charitable Eye and Ear Infirmary.

RETINITIS pigmentosa is a disease now perhaps so often noticed by scientific ophthalmologists, that an apology is due the Society for bringing to their notice the following three cases. Its cause is, however, so wrapped in mystery, and its prevention and treatment so beyond our present therapeutic means, that possibly by the mere collecting and recording of cases, some light may be thrown on the pathology of this insidious, and, for the sight, fatal malady. The essential elements of the disease, as is known, are—general weakness of sight, night-blindness, contraction of the field of vision and nystagmus or oscillation of the globe, this commencing in youth, and leading to total blindness from the 40th to the 45th year. Since the invention of the ophthalmoscope, it has shown us the symptoms of the disease within the eye to be—deposit of pigment in the retina in irregular masses, not unlike the outline of bone-corpuscles; this at first in the equatorial region of the fundus, and gradually, as time goes on, encroaching on the macula lutea and optic papilla, this latter becoming atrophied and of a dirty-white color, whilst the retinal vessels are gradually obliterated, till finally hardly any trace of them remains. Shreds and floating opacities are found in the vitreous, and cataract complications, as stellate on the posterior surface of the lens, or as posterior polar cataract. With regard to the pathological histology of this extraordinary deposit of pigment, some of our best observers—as Donders, Graefe, Liebreich and Schweigger—are still at variance. The trouble in the vitreous, and the peculiar forms of cataract, would point towards choroidal trouble as its origin, and its presence be thus, so to speak, accidental.

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On the other hand, its immediate connection with the retinal vessels has in certain cases shown that it may come from the retina also. It would seem probable that both the choroid and the retina are involved in this fearful malady. But few specimens naturally come within the reach of those able to examine them accurately, and time must decide these points, so important to indicate any treatment. It is possible that we may never be able by therapeutic means to control or affect this malady, for retinitis pigmentosa seems dependent on some lack of, or wrong, abnormal development, during the growth of the body, the result of which induces final degeneration of the retina. Observers have frequently called attention to the association of this disease with congenital deafness, deaf-mutism, lack of development of intellectual faculties, idiotism, cretinism, and with irregular or excessive development characterized by supernumerary toes and fingers. Moreover, Liebreich's observations showing that some 40 per cent. of the cases he found had parents who were blood relations, would point towards a connection between the two. Rothmund's report that he found retinitis pigmentosa almost entirely among the Jews, whose frequent intermarriages are notorious, supports the idea also. We must, however, keep the disease distinct from other forms of choroiditis, or rather from forms of choroiditis exhibiting amongst their symptoms this peculiar distribution of pigment. A single authority, McNamara, would make it dependent on syphilis. His observations are confined to the natives of India.

R. W. B., aged 19, Massachusetts. Has been from childhood more or less amblyopic, and especially suffered from night-blindness. His power of vision has decreased as he has grown older, so that he follows the occupation of a shoemaker with difficulty. General health, bodily development and intellectual faculties good. April 8th, 1867.—His vision is for distance—Right eye, $\frac{3}{4}$. Left eye reads 200 at 7 feet. For the near, he reads Jäger 4 at 7 inches with right eye, and makes out Jäger 13 with left eye. With convex glass $\frac{1}{2}$, he reads Jäger

[WHOLE No. 2096.]

1, being perfect vision. Ophthalmoscopic examination showed the disease to be retinitis pigmentosa in its most characteristic form. The mother had good eyes; she died nine years ago. The father, aged 60, still lives, having good eyes. They were not blood relations. Patient has three brothers and three sisters. The oldest brother, aged 36, has very poor vision; cannot work. One sister, aged 25, married, has poor eyes, but not so bad as the eldest brother. No record of aunts or uncles. Field of vision was reduced to irregular outline, about 5 inches in diameter, at 12 inches distant.

J. H. R., Charlestown, Mass. Morocco dresser. Hair red. Aged 25. Irish parentage. A healthy-looking, well-developed and intelligent man. Has been troubled somewhat from want of action of the bowels. Never had syphilis. Has now some inflammation, chronic, of the Meibomian follicles. Served in the navy during the rebellion, and was once struck over left eye by a rammer, which produced no permanent injury. Externally, there was only the movement of the eyes, so characteristic of the disease, to be noticed. His eyes have troubled him as long as he can remember, and his vision gradually became poor, night-blindness being a marked symptom, and on this account was relieved, while on board ship during the blockade of Charleston, from duty requiring good eyesight. Oct. 29th, 1867.—Has vision for distance with $-1\frac{1}{2}$ = $\frac{2}{3}$; for the near, he reads Jäger 1 at 8 inches with each eye, being perfect vision. Ophthalmoscopic examination showed a typical case of retinitis pigmentosa. Each optic papilla had a conus round it, with defined border, showing, perhaps, congenital myopia, as also shown by improved vision for distance with $-1\frac{1}{2}$ and reading Jäger 1 at 8 inches.

From the patient himself, and through him from an aunt, I learned that his parents were not blood relations. He had five brothers, born in the old country, now dead, their vision said to be good. One sister, living and working in this country, whose eyesight is not good or perfect. The field of vision was very much reduced, preventing him from working at his trade, more than corresponding to the deposit of pigment, being equal to but one inch in diameter at 12 inches distant.

R. S., farmer. Cromwell, Conn. Hair red. Aged 33. A sufficiently intelligent, well-developed, healthy-looking man. Complains that his vision never was so good as other people's; when 21 years old, had

"lung fever," and sight afterwards poorer, "less strong." Patient has now some degree of photophobia; nothing externally seen but the peculiar movement of the eyes generally noticed. Three or four years ago he could read, and during the rebellion was not exempted from the draft on account of his eyesight. Now, Nov. 16th, 1867, vision is reduced to counting fingers and being able to grope about.

Ophthalmoscopic examination showed retinitis pigmentosa, viz.: abundant deposit of pigment over retina, especially left eye; optic papillæ encroached upon by retina; vitreous rather cloudy and floating opacities; delicate, web-like deposit on both posterior capsules.

The parents were not blood relatives. The mother's brother had gradually lost his sight before 45 years of age. Patient's five sisters all have good sight. One brother has become gradually nearly blind at 44 years. Patient says the mother is "near-sighted," aged 67; "sees things near to, but not at a distance."

For two of these cases I am indebted to the kindness of my colleagues at the Massachusetts Charitable Eye and Ear Infirmary, Drs. F. P. Sprague and Robert Willard; the other occurred during my own service at the institution. As respects treatment, it may be readily comprehended that it can be of little service in a disease progressing to atrophy of the optic nerve and the perceptive elements of the retina, and must be limited to allaying irritation by local removal of blood from the temple and the administration of medicines adapted to any existing derangement of the system. The removal of the orange-colored light by wearing cobalt-blue tinted glasses, which shall also be adapted to correct any myopia, &c., is of course to be included.

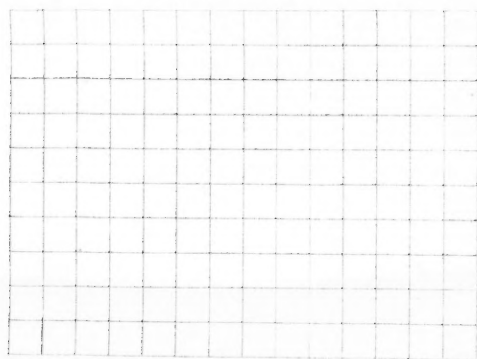
At times, seemingly brilliant results have been obtained by the more powerful alteratives, such as iodide of potassium, corrosive sublimate and decoct. Littmanni. This benefit was, however, but temporary, and the patient in reality worse off, as vision seemed afterwards to diminish more rapidly. It would appear that any drug which hastens change of tissue can be but prejudicial where that change is but atrophy.

This disease is not a very uncommon one. Its average occurrence we cannot give precisely, but Dr. Mooren had 82 cases in ten years in the clinic at Dusseldorf among 32,000 cases of all diseases of the eyes. Were it looked for in the amblyopic or blind, it would no doubt be oftener recognized. The ophthalmoscope first showed

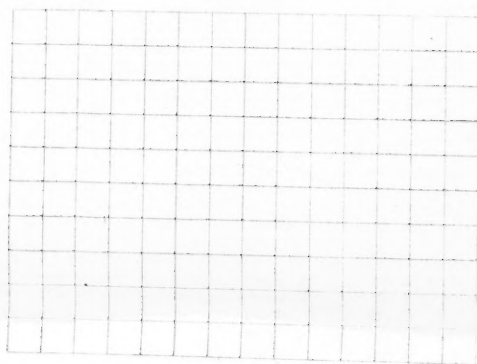
REGISTER OF THE FIELD OF VISION.

B. JOY JEFFRIES, M.D. BOSTON.

RIGHT EYE.



LEFT EYE.



us the proximate cause of the affection, and we cannot but recall with a shudder the old days before its invention, when retinitis pigmentosa was, like many other intra-ocular diseases, called amaurosis, and treated by more and more powerful remedies, as it seemed to prove more and more stubborn. At present we cannot cure, but we can to some extent retard the progress of the malady, and forewarn the unfortunate patient of the coming blindness.

I have made this hasty sketch of the disease and reported these cases in brief, to again call attention to the affection, which may readily be mistaken by the general practitioner for myopia or asthenopia. While different members of one family, or blood relations in different generations, have gradually become blind, this malady must be thought of, and its probable hereditaryness distinctly announced. The peculiar deposit of pigment, as seen in the plate from Liebreich's Atlas, compared with the normal fundus oculi as represented by Jäger, is so striking as hardly to escape any observer who is enabled to see the bottom of the eye at all with the ophthalmoscope.

Since special attention has been called to the importance of examining the field of vision in a large class of diseases of the retina, and also in cerebral trouble, the necessity of being able to make the examination quickly and record it expeditiously and permanently, has led me to adopt the following method, which I have found so ready and useful that I am induced to bring it to the attention of the Society.

I make my examination in the usual way, letting the patient sit down in a chair and lean against the back, so as to keep the head more steady. The blackboard, about 4 feet by 3 feet, I place exactly one foot in front of the eye. Covering the eye not to be tested, and directing the patient to continue to look steadily at a small cross, a pencil of chalk is approached in various directions, and, when seen, the spot marked on the board. Connecting these dots together, we have the periphery of the field of vision, and can in like manner examine the central portion.

Now, in order to have a permanent record of the case, I place over the blackboard a light frame, across which, in both directions, fine white pack-thread is stretched at every three inches. The threads lie against the board, and we thus have it divided up into squares. Care is taken, of course, that the central cross at which the patient looks shall correspond to the meeting of two threads. Then on my "Register of the Field of Vision," which is reduced to one twelfth, and the squares of which are there-

fore one fourth of an inch, I draw the outline of the field of vision, copying the line in each square from the blackboard. This gives me a field corresponding to the eye at one inch from the paper, being one twelfth of the distance of the patient's eye from the blackboard. There are two registers printed, one for each eye. On the other side of the sheet we can write the necessary data in the case. If need be, we can transfer our result back again to the blackboard. The plates of the field of vision hitherto used in reports of cases published give us in reality only the shape of the outline, and perhaps, by shading, some idea of the relative amount of vision of different parts. In my method we have the true size of the field, and should we desire to have the case illustrated, the artist has a positive size to go by, which I have adapted to an octavo volume. The examination and record in an ordinary case will not thus take more than fifteen minutes. The registers are $2\frac{1}{2}$ by $3\frac{1}{2}$ inches, corresponding to a $2\frac{1}{2}$ by $3\frac{1}{2}$ feet blackboard. Cases in which we examine the field of vision may last weeks or months, and by this easily adopted method we can, by referring to our various records on the register, see what change has taken place, and thus often give definite prognosis or have positive indication for treatment.*

CASE OF A DOUBLE HERNIA IN A SINGLE SAC.
—Mr. HENRY LEE read before the Royal Medico-Chirurgical Society the particulars of a case in which, during the operation for hernia, two openings were discovered between the sac and the peritoneal cavity. These openings both existed in the neck of the sac at the internal ring. It was supposed that the testis, which had not descended on the side of the hernia, had lodged at the internal ring, and that, by its pressure on the one hand, and the pressure of a truss on the other, adhesions had been established between the two layers of the original hernial sac opposite the most projecting part of the testis. On each side of the adhesions so formed, a fresh hernial protrusion had, it was thought, occurred, so as to present two distinct herniæ in one sac. One of these herniæ, when the patient was first seen, presented a decided impulse upon coughing, which led to the belief that no operation would be required. It appeared, however, subsequently, that the second hernia was strangulated at the time. The symptoms were all relieved by the operation.—*Medical Times and Gazette*.

* This is printed in Stettin von Carion's recently published translation.—B. J. J.

CASES OF OVARIOTOMY, WITH SOME REMARKS UPON THE OPERATION.

By WM. WARREN GREENE, M.D., Professor of Surgery in the Medical School of Maine and in the University of Michigan.

THERE is no occasion at the present day for multiplying reports of ovariectomy, unless the cases possess some unusual interest. Therefore, in presenting the following cases, which, eight in number, constitute all the operations that I have performed up to this time, I shall avoid details, except they be of special value.

CASE I.—Miss —, aged 16. I first saw her with her physician, Dr. H. S. Lucas, of Chester, Mass., in December, 1862. She had been a healthy girl until two years before, at which time menstruation was established, and soon after she noticed an abdominal enlargement. She could not tell whether it began more upon one side than the other, but thought "both alike." This gradually increased, without pain or tenderness, or any marked impairment of the general health, until the spring of 1862. At this time it increased rapidly, and even before the distention was extreme, her health failed quite suddenly. She lost strength and appetite, and suffered great derangement of the digestive organs. A marked feature was, also, an unusually rapid pulse, which Dr. Lucas assured me was 140 per minute, whereas its normal rate was below 80. Dr. L. tapped her at this time, drawing off "about three pailfuls of syrupy, molasses-colored fluid." The operation was followed by immediate relief of all unpleasant symptoms, appetite and strength returned, the pulse fell to its natural standard, and in a few weeks she was in excellent health.

By the following September, the abdomen had again enlarged sufficiently to reproduce the symptoms above described, which were as speedily relieved by paracentesis as in the first instance, a fluid of similar character, though in less quantity, having been withdrawn.

I found her, in the following December, with all the evidences of a multilocular ovarian cyst, and with the same derangement of the general health as had preceded the two previous tapplings. The heart's action was very rapid and feeble, and yet the enlargement was not nearly as great as is frequently seen when the action is little if at all affected by the pressure. My notes of the case do not include a statement of the quantity of liquid at this time evacuated, but I think the amount was about eighteen

pounds. This was again followed by speedy restoration to health.

Having explained to herself and friends the nature of her case, and her chances with and without an operation, she was left, with the advice that in case she elected it, excision should be performed before the re-accumulation was sufficient to produce much general disturbance. In eight weeks, the sac had re-filled sufficiently to disturb the stomach and heart, and she decided upon an operation. This I made in the presence and with the assistance of Drs. H. S. Lucas, A. M. Smith, and F. K. Paddock.

Ether being administered, she was placed, supine, upon a table in a room the temperature of which was 80° Fahr., and the air was kept constantly moist by steam. Standing upon the patient's right, I made an incision, with a common scalpel, in the median line, from above the umbilicus to the pubes. This was afterwards extended nearly to the ensiform cartilage. The tumor was readily exposed, and the principal cyst, seized and steadied by a tenaculum, was emptied of its fluid contents, which resembled that removed in the former tapplings. There remained a fleshy mass filled with small cysts containing thick albuminous jelly, the whole being so large as to require the extension of the first incision above referred to. Adhesions of moderate strength existed over a considerable portion of the abdominal parietes, and also to the lower border of the stomach and liver, but none were sufficiently firm to prevent a ready separation of the tumor. The pedicle was found to be the right broad ligament. This was transfixed with a needle armed with a double ligature, and each half tied in the following manner, which I describe with some particularity, for a reason which will be apparent further on. I had turned the mass out of the abdomen towards myself, and while partially supporting it, tied one half of the pedicle. My friend, Dr. —, who stood opposite, said, "Let me tie the other half, Doctor, I can reach it more easily than you"; and, in violation of a rule from which I have not since departed, I reluctantly allowed him to do so. As he tightened the knot, I noticed, what always makes me apprehensive, that he did so with a *wriggling* motion of the hands. This motion is often seen, and is made, I suppose, with the idea that thus the knot is more effectually tightened, whereas the effect, so far as any is produced, is almost invariably to loosen it. I said, "Doctor, are you sure that is tight?" He assured me

that it was, and I divided the pedicle and removed the tumor, which weighed, contents included, forty pounds. The ligatures were then carried through an opening made in the posterior *cul de sac* of the vagina down through that canal, and fastened to the thigh with adhesive plaster. During the entire operation, steady and even compression of the abdominal walls had been maintained by assistants, and my hands and sponges kept constantly moist with artificial serum *at blood-heat*. After the cavity was cleansed, a considerable quantity of this fluid was poured in and allowed to drain off through the vagina. The external wound was then closed by interrupted sutures of silver wire, which included the entire thickness of the parietes, except the peritoneum. These were placed half an inch apart. A light compress being placed along the line of the wound, a swathe was applied and she placed in bed wrapped in warm blankets, with bottles of hot water around the extremities.

The patient recovered readily from the anæsthesia, and was in excellent condition. She took a moderate dose of morphia, which was repeated *pro re nata*, but a very small amount being required to control pain.

I saw her the next day (Friday) at noon, and found her still in good condition, no symptoms of peritonitis presenting. She had slept quietly the greater part of the night, and was very cheerful and hopeful. On Saturday evening, I received a telegram from Dr. Lucas, saying, "— is doing splendidly; she will get well." On Sabbath evening, I received another despatch, asking me to visit the lady as soon as possible. A drive of twenty miles over terrible roads was not very rapidly accomplished, and when I arrived, at 3 o'clock, Monday morning, the patient had been dead two hours. I learned that she remained entirely comfortable till late Sunday afternoon, when she began to be restless and anxious, complaining of slight abdominal uneasiness; from this time she grew gradually weak, pale, complained of faintness, sank and died. Dr. Lucas and myself were both of the opinion that she had died of hæmorrhage, and Dr. L. remarked that he had not "felt easy about the ligature that Dr. — tied." We examined the body, Dr. Paddock, then medical student, assisting. The external wound had united by first intention throughout. The abdomen was filled with blood, which, upon examination, was found to have issued from the half of the pedicle that we had suspected, the ligature having loosened, so as to admit the handle of the

scalpel between it and the pedicle. I have the specimen. Not a sign of peritonitis appeared. The ligature of the other half was separating kindly, the stump looking healthy.

CASE II.—Mrs. —, aged 30. Was always healthy previous to her confinement, which was natural, in the spring of 1864. Soon thereafter, she noticed an enlargement of the hypogastrium, most marked on the right side. This had very rapidly increased within the three months previous to my visit, at which time, in January, 1865, I found her with an amount of abdominal distention sufficient to cause much interference with the functions of the viscera, and a careful examination revealed an ovarian cyst. She had been rapidly failing in strength and flesh for several weeks, and was now entirely confined to the bed, and so weak as to require assistance in changing her position. Her pulse was very rapid and feeble, and her general expression such as to give very little encouragement for an operation. She had suffered from several attacks of peritonitis, no one of which was very severe.

She decided to take the forlorn chance of an operation, which I made with the assistance of Drs. Talbot and Pettee, of Wilmington, Vt., and Drs. Charles Bliss and Frank S. Abbott, then my students. The mode of procedure was similar to that adopted in Case I. The tumor, which was multilocular, was firmly adherent in many points to the abdominal walls, intestines, stomach and liver. The pedicle (right broad ligament) was transfixed, and each half tied with a suitable ligature, after which I carried an additional one around the whole, carrying the three down through the vagina, as in the first instance.

She sustained very little shock, and we left her, three hours after, comfortable, though very feeble. She now got anodynes *pro re nata*, requiring only moderate doses, and was carefully supported from the first with concentrated nourishment—quinine, wine and muriated tincture of iron. As we feared, her recovery was very slow and tedious. So low was her vitality that the external wound united slowly, the lower angle at one time re-opening, through which, as well as through the vagina, much ichorous, fætid discharge issued. Such was the condition of her blood, that her mouth and throat became aphthous, and ulcerations of the mucous surfaces occurred in various places. The *septum nasi* was attacked and perforated, the opening now remaining admitting the little finger. The tonics and

stimulants were increased until heroic doses were given, to which she responded well. In addition, the abdominal cavity was *thoroughly washed out* once or twice daily, according to indications, with artificial serum at *blood heat*. This was accomplished by using a long pipe (a large catheter answers nicely) attached to an elastic syringe and inserted into the opening in Douglass's *cul de sac*, through which the ligatures passed, which allowed the fluid ready exit after it was injected, although for a part of the time a portion of it escaped through the lower angle of the external wound.

I advised Dr. Talbot, the attending physician, to consider *symptoms of peritonitis* indications for this washing out of the abdominal cavity, and it *invariably* had the *immediate* effect to relieve local distress, allay fever and restlessness, and in every way improve the condition of the patient. While the discharges were of an acrid or offensive character, solutions of chlorine were added. After a tedious illness, this lady made a good recovery, and is now in perfect health. The tumor weighed 38 pounds.

Too much praise cannot be awarded to my friend Dr. J. H. Talbot for his faithful, skilful care of this case; and to his ready appreciation of the varying indications and the prompt, energetic and skilful manner in which he met them, does this patient owe her recovery.

[To be continued.]

Hospital Reports.

MASSACHUSETTS GENERAL HOSPITAL.

Surgical Operations for the week ending March 28th.
Reported by Messrs. THOMAS WATERMAN, JR.,
and H. H. A. BEACH.

1. *Necrosis of Ilium*. Dr. R. M. HODGES.—Female, aged 19. Two years ago, this patient received a bruise over her right hip from a rod. Soreness alone followed, lasting about three weeks. One year later, a small abscess pointed at this spot, and, evacuating itself, continued to discharge for two months, when it closed and remained so till two months ago, when the abscess repeated itself. There has been no pain and no lameness. On examination, there was found an irregular ulcer, about half an inch in diameter, and two inches back of the anterior superior spinous process of the right ilium; a probe introduced into this, after a little manipulation, reached diseased bone beneath. A free crucial incision was

made through the ulcer down to the ilium; these flaps being reflected, a sinus was found leading through the bone to the inside of the pelvis. A probe introduced through this cloaca detected diseased bone on the inside of the ilium, anterior to the point of entrance. Two disks of bone, one half an inch in diameter, were removed by the trephine—one involving the cloaca and the other three fourths of an inch anterior to it. The intervening bone was then removed by a chisel.

The inner surface of the removed bone was found roughened and a portion of its substance wanting. There was but slight hæmorrhage, and this stopped spontaneously.

2. *Blepharoplasty*. Dr. H. J. BIGELOW.—Male, aged 19. In September, 1865, this patient received a gun-shot wound. The explosion carried away the surface of the right upper lid and frontal region, leaving a considerable indentation of the bone, but without injuring the eye. On recovery, the upper lid was everted and fastened to the eyebrow, with entire loss of skin and outer two thirds of the ciliary border. The interval between the eyeball and the eyebrow was occupied by a red, granulating surface. At the first operation, the margin of the lid had been brought down from the eyebrow and a large flap, two and one half inches long and one wide, had been taken from the temple as far back as the hair. This was now cicatrized and smoothed, the pedicle having been at a previous time adjusted. Now, on the outer half of the ciliary margin the mucous membrane is still everted to the extent of one third of an inch. *Operation*.—The everted edge was carefully dissected and brought down, and a flap one half an inch wide and two inches and three fourths long was taken, like the last, from the temple, on a line horizontal with the eye. This was secured in the dissected interval by fine sutures.

Since the above was written, the whole flap has united, and the wound in the temple also, by the first intention.

3. *Ligation of Hæmorrhoids*. Dr. H. G. CLARK.—Patient has had external hæmorrhoids for about a year. *Operation*, with ether. Three double ligatures were passed through the external folds, and the skin was cut with a scalpel between the points of entrance. The ligatures were then tied in the grooves (to save time and pain in the ulceration), and the mass strangulated.

4. *Tumor of Leg; Amputation of Thigh*. Dr. R. M. HODGES.—Patient, an Irish boy, aged 13. Last August, while bathing,

struck his left shin against a log, inflicting a bruise at the junction of the middle and upper thirds. No trouble, not even any soreness followed, till two months later, when he discovered at this point a tumor as large as half a hen's egg. A poultice was applied, but the tumor continued to grow rapidly. He was able to walk till about Feb. 1st, and never suffered pain sufficient to occasion remark. The tumor occupied the upper three fourths of the leg, chiefly on its anterior aspect, though involving its whole circumference; it measured, at its greatest circumference, twenty-four and one half inches, while the other limb at a corresponding point measured nine and one half inches. The integument covering it was tense, smooth and shining; the veins traced from beyond its limits on to the tumor were enlarged, tortuous and prominent; from several points on its surface a few drops of serum had oozed and become inspissated; to palpation it was elastic. A semilunar incision was made through the integument, just below the patella, into the joint, and the knife being carried through, a flap was formed from behind, too scant, owing to the encroachment of the tumor. The patella was then dissected out, and the end of the femur removed immediately above the condyles. Ten vessels were tied, the flaps secured by silk sutures. A crucial bandage was then firmly bound over the end of the stump, which was ordered to be kept wet. The following is Dr. Coolidge's report of the appearance of the tumor on dissection:—

"The tibia was completely destroyed; extent, three and one half inches from the tuberosity. Fragments of shell, rough and denuded, separated from each other on all sides. Periosteum attached to fascia. Muscles of calf pushed back. Peronei pushed outward. Tumor completely enclosed by dense periosteum. On opening, carcinomatous tissue, numerous hydatids, degeneration."

5. *Cauterization of Nævus (secondary).*

Dr. S. CABOT.

6. *Eulsion of Toe-nail.* Dr. S. CABOT.

7. *Tumor of Breast; Excised.* Dr. H. J. BIGELOW.—Patient, aged 65. Two months ago, her attention was called to the left breast by a "stinging" pain, and, on examination, found a "hard bunch," which has increased but little since. There was a tumor, apparently deep in the gland, of the size of a horse-chestnut, situated immediately above the nipple. The nipple is slightly retracted. An exploratory incision was made, which disclosed its malignant character. Two oval incisions were

then made, nine inches long, with their general direction at a right angle to the fibres of the pectoralis major muscle, and including the nipple. The whole gland, together with the tumor, was then dissected out. Five vessels were tied, and fourteen silk sutures passed through the flaps, which were to be secured when all danger of hæmorrhage had passed.

[To be continued.]

BOSTON CITY HOSPITAL.

Compound Fracture. Reported by F. C. RORER, M.D., one of the Visiting Surgeons.

W. D., aged 46. Laborer. (Service of Dr. THORNDIKE.) Entered Hospital about 10, A.M., on Dec. 10th, 1867, having sustained a compound fracture of left tibia and fibula by falling a distance of about fourteen feet from a staging, one hour before entrance. Had also an incised wound of lower lip, and some contusions; but no other injuries. Tibia is fractured about $\frac{3}{4}$ in. above its lower extremity, the fracture extending into the ankle joint. The fibula is broken an inch or so higher up. Considerable oozing from wound. Limb was at once put into a fracture-box. During the afternoon he suffered some pain at the seat of fracture, perhaps due to the force necessarily employed in the reduction. *R.* Pulv. ipecac. et opii, gr. x. every three hours.

Dec. 11th.—Slept well, after taking three powders and $\frac{3}{4}$ of a grain of morphia by subcutaneous injection. No more oozing. Pulse and tongue natural. Appetite good.

12th.—Slept well without an opiate. To have House diet.

15th.—Very little swelling. Wound has begun to discharge, and there is a slight blush about it. *R.* Tinct. cinchonæ composiæ $\frac{3}{4}$ ss. twice a day.

19th.—There is considerable œdema, but it does not appear to be increasing.

21st.—Comfortable. No unfavorable symptom.

23d.—Position good, but cannot bear the pressure of the necessary padding. Leg removed from fracture-box, and placed on a pillow. Proper position secured by means of sand-bags.

31st.—Position not so good. There is a tendency to dislocation of the foot backwards. Leg put again into fracture-box, but foot suspended from the cradle.

Jan. 4th, 1868.—Position good. Discharge moderate.

11th.—Discharge diminishing.

14th.—Some degree of union has taken place.

25th.—Doing well. Granulations healthy; position good.

Feb. 3d.—Some swelling and redness are noticed over external malleolus.

7th.—A probe passed into wound detects dead bone, apparently loose. Ether was given, and the opening was enlarged by means of a crucial incision. The fragment of the malleolus which was broken off at the time of the injury was found dead, and was removed. Lower end of tibia gouged away. Astragalus apparently healthy. Fibula firmly united. Wound filled with a sponge.

8th.—Sponge removed without hæmorrhage. No pain of importance.

9th.—Suppuration going on. Fluctuation detected over external malleolus. An incision was made, and a little bloody pus let out. The joint moves fairly. General condition good. Fracture-box dispensed with. A side splint applied. A wash of carbolic acid (Ziss. to Oj.) applied.

12th.—Discharge free. Wound looks well. No denuded bone detected.

Feb. 17th.—Doing well everywhere.

March 16th.—Nearly well.

30th.—Fair motion in joint. Discharged, well.

Remarks.—The treatment of compound fractures often becomes a very embarrassing question to the surgeon. Certain rules are laid down in some books; different ones in others. The fact is that it is quite impossible to make rules for all cases; and perhaps for this very reason, nothing is more perplexing, under certain circumstances, than to make up our minds clearly as to whether or not to perform amputation in a case of compound fracture. As a general rule it may be stated that compound fractures of the upper extremity, even when involving joints, may be saved; or at least, there is usually no very great danger in making the attempt to save them. If the shoulder-joint be opened, resection may be performed with no great additional danger to life. And so with the elbow; for even if our attempts prove eventually unavailing, it will rarely happen that the patient's condition will be such as not to give us an opportunity to perform a secondary amputation. So that as regards the upper extremity, the treatment may be considered simple; not because we are able to tell certainly when we are first summoned, whether the case will or will not finally come to amputation, but because our *path of duty* is generally clear; which is, to make an attempt to save the limb. But it is not so with the lower extremity. Compound fractures here, are

more serious injuries; the shock to the nervous system is greater, the hæmorrhage usually more abundant, and the injured tissues are situated at a greater distance from the heart, and are therefore, *celeris paribus*, less easily repaired. If a compound fracture of the lower extremity were a *still more* serious injury than it is, the line of treatment would be more clear; for we should have to amputate in *all* cases; or if, for instance, it could be shown that all cases of compound fracture of the *femur*, not submitted to amputation, perished, then we should have no doubt, as regards the femur, at least. But the trouble is, that, once in a while, a case comes to our knowledge, in which the symptoms were very unfavorable, no amputation was performed, and the patient recovered; and not only recovered, but had a useful leg besides. This dilemma reminds us of a remark of one of our most esteemed professors, with regard to patients with disease of the heart; "some of whom," said he, "continue to live on, with the most *unscientific obstinacy*, after they have been condemned to death, years before, by the highest learning in the country."

However, we are really not often in doubt with regard to cases of compound fracture of the femur. The *rule* is, amputation. The cases suitable for conservative surgery, are those in which the external wound is small and not badly lacerated; no important soft tissues are injured, the fracture is not comminuted, and the age and other circumstances of the patient are favorable. In some such cases, as in one lately reported by Dr. George Derby, it is possible to reduce the case to one of simple fracture, by squeezing out all the air and blood from the wound, and sealing it up in some way; perhaps by Mr. Lister's carbolic acid plan. A great benefit will have been conferred on surgery, when it is shown clearly how far we may safely go in these attempts to render compound fractures simple.

Compound fractures of the knee-joint usually require amputation or resection. Yet not always; for in children and young persons, recovery sometimes occurs without operative interference. We once saw such a case, in a fair way to recovery, at the Great Northern Hospital in London. But these cases also do not generally give us any reason for hesitation as regards treatment.

We come now to compound fractures occurring below the knee, not involving the knee-joint. Of course if, in any such case, it be possible to reduce the compound fracture to a simple one, we should not think

of any operation. But we shall not often be able to do this; and I think it may be stated as a pretty general rule, that compound fractures of the leg, in persons past middle life, require amputation. I am not prepared to deny, that if we were *obliged* to make the attempt to save all such cases, we should be surprised at the number of recoveries; but when we consider that, if we amputate, the patient will probably recover, and if we do not amputate, he will as probably sink under exhausting suppuration, blood-poisoning, &c., it certainly seems our duty to operate, unless the condition of the patient be unusually favorable. Still more is this so in cases in which the ankle-joint is involved. We desire to speak guardedly on this point, because we are aware that different surgeons hold different opinions; and it must not be forgotten, that the treatment of such cases in a hospital, in a large city, is a very different thing from the treatment of strong and otherwise healthy persons in a rural district. But as regards hospital practice, we are disposed to think that amputation had better be performed in most cases of compound fracture of the leg, occurring in persons over forty years of age, or in those debilitated by over-work, intemperance or other causes.

The case before us, however, appears to be an exception to this rule; and it is just because such exceptions do occur, that the surgeon's position in regard to the question of amputation often becomes one of doubt and hesitation. We have now under treatment at the hospital, a man (transferred to our care by our predecessor in service) who entered with a simple fracture of the right leg. Before many days an ulceration of the integument took place over the fracture, rendering it compound. Now, at the end of seven weeks or more, there is no union, the lower fragment is necrosed for about three inches, profuse suppuration is going on, and the man has a feeble pulse varying from 100—130, and diarrhœa. We recommended to him to have his leg removed, but he refused; and considering his feeble state, and the fact that the amputation might have to be performed above the knee, we did not urge an operation. This man is about forty-five years of age, and appears never to have been very strong. On the other hand, we also have a patient, convalescent after compound fracture of the leg. But he is under forty years of age, and is an uncommonly healthy and robust man.

If, in any case, it be determined to try to save the limb, great attention should be paid to cleanliness, the most nourishing and

easily digested food should be given, stimulants and tonics (if indicated) should be freely administered, and the surroundings of the patient should be cheerful and encouraging.

Reports of Medical Societies.

SPRINGFIELD SOCIETY FOR MEDICAL IMPROVEMENT. M. CALKINS, M.D., SECRETARY.

Diphtheria; its Treatment with Chlorine. By Dr. S. F. POMEROY.—The patient, a child, was taken suddenly ill at school, fainted, and was carried home. In six hours, had inflammation of the throat, very fetid breath, a glazed tongue, the fauces presented a mahogany color, and the diphtheritic exudation was well marked. Every four hours, I ordered the use of a tablespoonful, properly diluted and sweetened, of the compound recommended in No. 39 of Braithwaite:—*R.* Potassæ chloratis, ʒviii.; acidi hydrochlorici, ʒiv.; aquæ, Oij. Pulverize the chlorate of potash and pour on the acid. As soon as the powder turns of a yellowish color, and the chlorine gas begins to escape freely, pour in the water. The improvement was very soon perceptible. I also used, as a local application, a solution of the persulphate of iron, applied with a swab to the throat. The diet was mainly milk and water, drunk freely.

The result of the treatment was much more satisfactory than that experienced under any other I ever used. No paralysis followed, and the recovery was complete. In one week after, the mother of the child was taken sick with the same disease, which was quickly removed by the same treatment.

While located in Stafford, Conn., I treated fifty cases during one of the most fatal epidemics of the disease that ever prevailed in this part of the country. The mortality was nearly fifty per cent. Some died in ten hours from the time of attack. All the cases occurred within a circle of half a mile, and no medical treatment seemed to have much control over the disease. Chlorate of potash (internally and locally), quinine and brandy, astringent gargles, nitrate of silver, persulphate of iron, sulphate of zinc, all were used, but the same result followed—the disease ran its course. The application of ice to the throat on the outside, and its use internally with milk for nourishment, was, on the whole, most suc-

cessful in this epidemic. I made six autopsies; the blood I noticed was dark, and had no coagulum. I have recently used the chlorine and milk treatment, I think with better results than any other. I regard the disease as constitutional, caused by a poison of a peculiar character. The danger lies in the tendency to paralysis of the muscles of respiration, from the effect of the poison on the medulla oblongata. The muscles of deglutition are also peculiarly affected. I have known patients to walk across the room, and in a few minutes expire. I think narcotics contraindicated; and that they often hasten a fatal termination.

Dr. W. W. GARDNER said:—"I have treated a dozen cases, have relied on tonics and stimulants, and with very satisfactory results, never having lost a case. I regard the disease as probably parasitic, as both constitutional and local, and think it possible for the blood to be re-infected from the poisonous secretions of the throat. I think the indications are to destroy the poison in the blood and sustain the system. I think death often takes place from paralysis of the par vagum."

Dr. M. CALKINS remarked:—"I think that no treatment has been so successful in my practice in diphtheria as the free use of the chlorine compound spoken of by Dr. Pomeroy. Before using this, the mortality was quite large, but afterwards it was very much reduced. In cases which have come under my observation during the first stage, this remedy, with the external application of ice, and milk for nourishment, has succeeded in arresting or in so modifying the disease as to make its subsequent course very mild. I very seldom have occasion to use caustics or strong gargles, as the chlorine mixture prevents excessive accumulations in the throat. In two very severe cases, I have succeeded with this treatment to the exclusion of every other remedy. The mixture, I think, enables the patient to digest a much larger amount of nutriment than would be possible without it, thus preventing extreme collapse and the necessity for stimulants and quinine. No doubt there are cases in which the blood is so thoroughly infected as to make them, from the first, incurable: but when the disease is known to be developing in the system, I believe it possible to arrest, or at least to modify its course, so as to prevent, in most cases, an unfavorable termination. Oftentimes it happens that the medicine disagrees with the stomach, in which case I give it well diluted and sweetened. Some-

times I have given a tablespoonful, properly diluted, every hour. In one case, seeking to test its efficacy, I gave it every other day, alternated with expectant treatment, and the improvement on the days when it was given, and increase of the severity of the symptoms when omitted, were very marked. As a rule, I give no stimulants, as the ice, chlorine mixture, and one quart of milk a day, prevent the necessity for their use. In over twenty cases treated in this way, I have had no paralysis result, or any other of the more serious sequelæ of diphtheritic poisoning."

Case of Embolism, occurring in connection with Chronic Bronchitis and Pleuritis. By Dr. M. CALKINS.—Mrs. K. came under my care in May, 1865. She was troubled with dyspnea and bronchial cough, the right lung was contracted and the left enlarged. There was dulness on percussion over the right, and unnatural resonance over the left lung, with puerile respiration. The digestive functions were healthy. There were cavernous respiration and mucous râles over the right bronchus. The diagnosis arrived at was, the existence of bronchitis and induration and contraction of the right lung, from old pleurisy, and dilatation of the right bronchus. During the summer and autumn, I saw her occasionally, and prescribed remedies. During three weeks in the autumn she was under my especial care, at which time I directed diet, medicine, and general hygienic conditions. Her improvement was marked. She left my care about the first of November, 1865, after which she obtained two life insurance policies in companies that take invalid risks. Her health, according to the account of her friends, was about as usual through the winter of 1865-66, and during the spring of 1866, in May, she was attacked with inflammatory disease, which, according to the testimony of friends, was considered of a pulmonary character. On the night of May 23d, I was called to visit her at her residence in the city of Hartford. I found her right foot and limb gangrenous, and the thigh somewhat discolored and cold, with no pulse over the femoral artery. She had great dyspnea, rapid pulse, and the usual phenomena of approaching collapse. I gave an unfavorable prognosis, as I thought that an embolus had closed the femoral or external iliac artery, thus causing the gangrene of the limb. A fatal result followed in about thirty-six hours, and on the day following, Dr. G. S. Stebbins and myself made a *post-mortem* examination, of which the following is the report:—

On opening the chest there was about a pint of serous effusion in the pleural cavities, about an equal amount on both sides. The right lung was adherent to the side and indurated and contracted to a very small size, and the right bronchial tube much affected; and the lung, where the bronchus entered, contained several deep ulcerated patches or small caverns about as large as a walnut. The left lung was not adherent at all, was somewhat enlarged, and healthy with the exception of showing some passive congestion. There were no signs of tubercle except a slight deposit at the apex, of the milky form. There were no pericardial adhesions, and the valves and general appearance of the heart were healthy. The stomach, liver, spleen and kidneys, showed signs of congestion; the small intestines especially were injected. The uterus was somewhat indurated and ulcerated at the cervix. The mesenteric glands were healthy. On examining the descending aorta no signs of disease were found, but an inspection of the right common iliac revealed the existence of a fibrous plug, or embolus extending through the artery to the external iliac, being from two to three inches in length, completely cutting off the circulation of the blood to the right limb.

This case is interesting, not only to the pathologist on account of the occurrence of the embolus and the sudden unfavorable result, but also in its medico-legal bearings. In November, 1865, soon after leaving my treatment, she obtained two policies of \$5,000 each in life insurance companies.

Her decease occurred on May 24, 1866, a few months after, and the holder of the policies applied for their payment, which was refused, on the ground of alleged misstatements made by the applicant in regard to her health, in consequence of which the companies assumed the risk.

An exhaustive trial was held in Hartford, at which the ruling of the Court was, that the statements of the applicant in regard to his or her health, amount to a warranty. The decision of the jury was in favor of the defendant, and the case is appealed to the Court of Errors, for a final decision, on points of Law.

Dr. Gardner presented to the Society an instrument donated to him by James Hinton, of London, England, with a monograph "On Perforations of the Membrana Tympani." The instrument is used to introduce into the ear the artificial drum. Mr. Hinton claims that his instrument is preferable to Toynbee's, in consequence of the substitu-

tion of a thread in his for a wire in Toynbee's, thereby avoiding the tinnitus aurium.

Medical and Surgical Journal.

BOSTON: THURSDAY, APRIL 30, 1868.

SANITARY REFORMS IN WAR.

HUMANITY has its triumphs in war as well as in peace; and it has been reserved for our own people to show in their late civil conflict as much ingenuity in saving life as in destroying it. The changes brought about in warfare by the introduction of rifled cannon and iron-clad ships have been no greater than those affecting the well-being of the combatants, which have resulted from the labors of Sanitary Commissions.

The two volumes whose titles we append,* and which we have just received from Paris, illustrate the force of our example in sanitary matters on the nations of Europe. The author says, in his Preface:—

"The history and example of the U. S. Sanitary Commission has exerted a powerful influence upon the organization and growth of kindred institutions. Old prejudices have been corrected, and the friends of humanity and progress everywhere encouraged to new and more vigorous efforts. These were rewarded during the late Austro-Prussian conflict with many splendid results, and have more recently effected important modifications in the rules of war as practised among civilized nations."

"To sum up," he continues, "the results obtained by the U. S. Sanitary Commission, it is known to have distributed relief representing a sum of the pecuniary value of one hundred and twenty-five million of francs; while it has probably preserved for the service of the United States an army of more than one hundred thousand men, by its attentions rendered to the sick and wounded." "A work so fruitful in happy results could not fail to attract the attention of other people; hence it was that when I had published my book on the U. S. Sanitary Commission, I received from all parts of Europe testimonials of the

* Sanitary Institutions during the Austro-Prussian-Italian Conflict, &c. &c. By Thomas W. Evans, M.D. Paris, 1868.

History and Description of an Ambulance Wagon. By the same Author.

warmest sympathy, from sovereigns as well as from the people."

"In 1863, at the very time when the Sanitary Commission was developing itself in all its force, an international conference assembled at Geneva, to deliberate upon the means for establishing a sanitary organization which should prevent the recurrence of those heartrending scenes which characterized the battlefield of Solferino."

"In the discussion which took place, several members of the Conference expressed the opinion that a sanitary organization based upon the spontaneous efforts of the people was impracticable. The reader, who knows to what prodigious results the American Commission had arrived at that period, will understand my astonishment on becoming acquainted with the debates of the Conference."

The claims of the U. S. Sanitary Commission were, however, finally recognized, and the debates of the Geneva Conference resulted in a code of sanitary ethics very similar to those adopted in our own country. When the war broke out in Germany, Dr. Evans, who had already received an autograph letter from the King of Prussia, repaired to the scene of conflict, and studied and aided in the sanitary movements in the armies of that nation. These movements finally embraced a wide extent of means and objects, and although pecuniarily inadequate to the exigencies of a battle like Sadowa, they yet rendered vast service to the wounded of both nations. Our author then continued his personal investigations into Austria and Italy, and gives a most interesting account of what was accomplished in sanitary matters in the armies of those countries.

Finally, he decided to make a collection of all sanitary objects in America, and organize a museum for the sanitary department of the Paris Exposition; believing that in this way he could most readily bring before the whole civilized world the importance and the perfection of sanitary science. In recognition and furtherance of his plans, he was appointed by the U. S. Government their Commissioner, and by the Emperor a member of the International Jury. It is sufficiently well known to all how successful our country was in this department, occupying the chief place, and carrying off most of the prizes.

We in America certainly owe to Dr. Evans as warm thanks as were expressed to him by the various sovereigns of Europe, not only for the deserved prominence in which he has placed us before the eyes of the world in this noblest department of war, but for the real service he has rendered to humanity wherever civilized customs are observed.*

MEETING OF THE AMERICAN MEDICAL ASSOCIATION.—The 19th annual meeting of the Association, it will be recollected, takes place next Tuesday, in the city of Washington. An unfortunate typographical error occurred, it seems, in the printed Transactions of last year—it being stated, on p. 46, that the meeting this year would take place on the *second* Tuesday of May. We have heard of one case where the Secretary of a Society, guided by that statement alone, has issued his certificates to delegates bearing that date as the time of meeting. On page 35, in the same volume, the *first* Tuesday is mentioned—as it also is, we believe, in all the advertisements of the meeting issued this year.

THE LATE DR. JOHN HOMANS.—At the regular meeting of the Suffolk District Medical Society, held April 25th, the President, Dr. George C. Shattuck, said:—

At this, the first meeting of our year, our first duty is to notice the departure of one of our oldest, most respected and most beloved members. On Friday night of last week, after a day and evening of professional activity, as Dr. Homans was going to his chamber for the needed and well-earned repose of his bed, he was summoned to his eternal rest, and fell in the sleep from which there is no awakening in this world. We shall go to him, but he shall no more return to us, nor shall these places know him any more. It is then right and proper that we should dwell on his many virtues, and strive to fix in our memories the bright example of professional activity, kindness and skill set before us in so long a career. He had passed the allotted period of three score years and ten; he had educated and put into the profession two sons, both fol-

* In a letter received from Dr. Evans, he desires us to call attention to the fact that his works have been privately printed, and are not for sale; but that those who wish to obtain a copy may do so by addressing Messrs. John Wiley & Son, publishers, New York.

lowing in his steps; but he kept his own hand to the plough, and was found watching and working when the expected summons came, so suddenly and in a manner so little to be anticipated. We shall miss the old man and the hoary head; and we must grieve for our loss, for we can ill spare the ripe experience, the calm and kindly demeanor, and the other results of a long, active, and well spent life. Endeared as he was to professional brethren and patients alike, it is meet that we put on record our appreciation of his merits, our regret at his departure. This our regular meeting with a full attendance seemed the more fitting occasion for such expressions. Dr. Storer has been requested to prepare some resolutions which will now be offered, and we shall then hope to hear from others the testimony to his worth and excellence which will help us all, as day by day we rapidly advance towards the goal he has so happily reached. Dr. Storer said:—

MR. PRESIDENT.—It is natural, it is right, that when one of our number leaves us forever, we should recall his virtues and acknowledge them—it is a melancholy pleasure. I had not the good fortune, which I deeply regret, to be one of the most intimate friends of Dr. Homans. I knew him well enough, however, to consider him one of our most estimable men. I esteemed him as the good physician and the honest man.

I will not insult his memory by a word of fulsome eulogy—but would present the following resolution as expressive of the Society's esteem.

Resolved,—In the sudden decease of our late associate, Dr. JOHN HOMANS, we feel that not merely our Society and our Profession, but the community at large, have sustained a severe loss.

As an honest, conscientious, faithful physician and friend he will ever be remembered.

His cheerful smile, his words of encouragement, his kindness and tenderness are indelibly impressed upon the memories of thousands.

Ever anxious to maintain the character of our Profession; honorable in his intercourse with his brethren, at the close of a long and irreproachable life, he has left an example worthy the imitation of us all.

Resolved,—That to the members of his bereaved family our Society would offer its sincere sympathy.

The resolutions were seconded by Dr. MINOT, who said:

MR. PRESIDENT,—In rising to second Dr. Storer's resolution, I beg to say that I esteem it a privilege to be allowed to add my tribute of respect and affection for the memory of Dr. HOMANS. Few among us have

maintained such agreeable relations with the whole profession as he. He was universally esteemed by us, as well for his eminent professional attainments, as for his excellent heart, his genial disposition, his ready sympathy with all who were connected with him. He had no enemies. Occupying for many years the front rank of the profession, his success was never embittered by envy, hatred or malice. Simple in his manners and kind in his disposition, he won the love of every body who knew him. I feel, Sir, that I have hardly a right to trespass longer on the time of this meeting by expressing what is in the mind and heart of every one here present. I will only allude to the great services which Dr. HOMANS has rendered to the Massachusetts Medical Society, and, consequently, to this Society, which constitutes an important part of it. Besides the dignified and impartial manner in which he filled the office of President for three successive years, he sustained us by his generous and timely aid at a period when our finances were seriously embarrassed, and thus enabled us to establish ourselves on a sure foundation. Since that time, as Chairman of the Committee of Finance, his sagacity and prudence were constantly exercised for the best interests of the Society. I am personally under great obligations to him for the advice and assistance which he always rendered me in my duties as Treasurer of the Society.

In common with this whole community, Sir, we deplore his loss, while we are grateful that the exercise of his eminent abilities was preserved to him and to us, unimpaired, to the latest moment of his long, useful and honored life.

These resolutions were unanimously adopted. It was also voted, that a copy of the resolutions, together with the remarks of Dr. Minot, should be forwarded to the family of the deceased, and to the Boston Medical and Surgical Journal.

S. W. LANGMAID, *Sec. pro tem.*

DIED,—In West Farms, N. Y., April 8th, of double pneumonia, Dr. J. COOLIDGE STONE, 41—Harvard University, 1848; Bellevue Medical College, M.D., 1862.

Dr. Stone was a man of superior literary and scientific acquirements, urbanity of manners, amiability of temper, integrity of principle and purity of life, and his early death is felt most severely not only by a large circle of kindred and friends, but by all who enjoyed his kind and skilful attention as their "good physician." O.

GRAVES'S, OR BASEDOW'S DISEASE.—In a review of Virchow's "Lectures on Tumors" in the *Med.-Chir. Review*, we find the following:—

"The singular combination of symptoms which go to make up the disease known everywhere in Germany as 'Morbus Basedowii,' and to the honor of whose discovery both Basedow and our own Graves may fairly and independently lay claim, is fully entered into. The enlargement of the thyroid gland, the first among the trio of symptoms, is not, as a rule, so remarkable as in ordinary goitre, the most salient feature being the great size of the bloodvessels, especially the veins, and the rapid changes of size to which the gland is consequently subjected. Neither is there any one special kind of enlargement; for the gland may be simply swollen, or it may be so enlarged as to constitute a bronchocele in any of its varied phases and aspects—colloid, cystic, &c. The heart, as the second of the trio, is generally hypertrophied and dilated, especially in its left ventricle, even though the valves are healthy. Lastly, the prominence of the eyes, or exophthalmia, is pathologically accounted for in several ways—by hypertrophy of the intra-orbital fat, by dilatation of the intra-orbital veins, and by fatty degeneration of the recti muscles (v. Recklinghausen). No one of the trio can be called primary or essential, for any one may be absent; but all the three seem to be rather the common effects of one cause. The presumption that this cause is to be sought for somewhere in the nervous system becomes stronger as pathological investigation progresses; and that which was at first a clever hypothesis, that the sympathetic nerve is at the root of all the mischief, is in a fair way to be confirmed by observation as a fact. In a well marked case of the kind, recently examined at Berlin, in which hypertrophy of the heart, bronchocele, and exophthalmia were present, Virchow found 'very decided enlargement and interstitial thickening of the cervical sympathetic.' Hence, although the phenomena of exophthalmic goitre correspond in part only with what paralysis, in part with what irritation of the sympathetic might cause, it is highly probable that disease of this nerve is the cause of all the symptoms."

Drs. Fournier and Ollivier, in recent numbers of *L'Union Médicale*, report a case in which the sympathetic was perfectly normal, but in which there were some unusual and peculiar complications.

The patient, a woman, 53 years of age,

had been affected since childhood with a goitre, which gave her only occasional inconvenience, and palpitation of the heart. Six years before her death exophthalmos commenced, and the palpitation increased. Her vision was never disturbed. Within three or four years she had had, three times, exacerbation of her symptoms, continuing one or two months; violent palpitation, great dyspnoea, severe headache, strong pulsation in the neck and in the orbits, continual sensation of heat; but without increase of goitre or exophthalmos. Her flesh and strength had greatly diminished.

At the time of her entrance to the Hospital she was thin and feeble, had great dyspnoea and an appearance of suffering. The thyroid formed a tumor the size of a large apple, pulsating strongly under the hand. The carotids pulsated strongly, and there was a slight souffle on auscultation over them. The heart did not appear increased in size, though its apex was a little outside of the nipple; its impulse was strong and regular, and there was a slight souffle at the base, with the first sound. The radial pulse was small, feeble and frequent. The eyes were pushed forward, but quite movable; the pupils a little dilated, but vision good; the lids closed with some difficulty, and were partly open during sleep. She could digest only liquid food, had frequent vomiting and slight diarrhoea, and complained of vague pains in the lower limbs, and a constant feeling of heat.

Six days after entrance, sharp pain and formication in the left foot, which was discolored, insensible and cool, but not swollen. The next day pulsation could not be felt in the popliteal, posterior tibial and peroneal arteries. During the two weeks that ensued before her death, the goitre and exophthalmos continued the same; the palpitation, dyspnoea and diarrhoea increased; she had almost constant headache, anorexia, insomnia. The gangrene, always accompanied by severe pain, gradually involved the whole left leg and lower part of the thigh. Two days before death the left radial pulse ceased, and the fore arm became gangrenous, and during the last day the right foot also. Intelligence was always preserved.

Autopsy.—Nothing special in the orbits except an increased amount of celluloadipose tissue. Contents of cranium sufficiently healthy. The thyroid considerably increased in size, the two lobes distinct, the left one third the larger. The tissue of the left lobe was firm; the external half of the right lobe like the left, its internal half com-

pletely calcified. The thyroid arteries dilated, larynx not altered. Anterior borders of each lung emphysematous; no tubercles. The heart was a little enlarged; the mitral valves slightly, but uniformly thickened, the other valves normal. The lower part of the left brachial, and the middle and lower portion of the left femoral were plugged by firm fibrinous clots. The walls of all the arteries were healthy, the pulmonary artery and the arch of the aorta only being a little dilated. The cervical, thoracic and semilunar ganglia of the sympathetic and its filaments were, examined with the eye and the microscope, entirely normal; the connective tissue was not thickened.

These gentlemen state that they have been able to learn of but one other case of this disease accompanied by gangrene,* and in that case the gangrene was preceded by anasarca and erysipelas. Still, from the multiplicity of the gangrenous phenomena, and the fact that no lesion could be discovered to account for the formation of embolia, they are led to believe that the gangrene was dependent on the disease and not an accidental accompaniment; and from the absolute integrity of the great sympathetic in this case they draw the conclusion that, if that nerve is involved in this disease, it may be simply functionally involved.

ANATOMICAL MUSEUMS.—We must direct attention to a powerfully written article in our contemporary, the *Tomahawk*, on a matter which is simply an outrage on decency and a disgrace to our legislation. We need not add that we refer to the so called "museums" exhibiting loathsome objects, set off with high colors and other artistic exaggerations, which can have no other effect than that of instilling fears in the mind of the observer, and most probably at the expense of his pocket. We hope the attack of our contemporary may attract as much attention as have his very original and powerful series of sketches embodying the vices, crimes, and social and political immoralities and anomalies of the present day. We have repeatedly directed attention to the scandal. The combined power of the press is only needed to crush the evil effectually, by compelling our legislators to interfere. If the *Tomahawk* succeed in cutting away this foul blot from society, it will prove a more effective weapon than the *Lancet* in this matter, and will deserve the hearty thanks of every right-minded individual.—*Lancet*.

* Stokes, Diseases of the Heart and Aorta.

A NEW FORM OF CYSTITIS.—Dr. Heller, in charge of the Pathological Chemical Laboratory of the Imperial General Hospital in Vienna, made the following communication before the Society of Physicians of that city: In cases of vesico-rectal fistula it not unfrequently happens that as, on the one hand, the urine flows into the rectum, giving rise to liquid stools; so on the other, fecal matter finds its way into the bladder, and is found in the urine discharged. It has, however, escaped the observation of the profession up to this time that a form of cystitis exists, in which, with a completely closed bladder, fecal matter shows itself in the urine. Heller has observed twenty cases, partly in hospital, partly in private practice, where investigation showed fecal matter in the urine during life, and an autopsy discovered a normally closed bladder. According to his experience this form of cystitis occurs in certain inflammatory affections of the brain and spinal cord. The presence of fecal matter in the urine will be apparent on treating it with concentrated sulphuric acid. An intense fecal odor will thus be developed. He succeeded in these cases in separating the fecal matter from the urine by the processes of distillation and filtering. According to Dr. Heller's observation, this urine, in comparison with that of other forms of cystitis, is less viscid and contains but little mucus or sediment. In all cases where such a cystitis (which he would call *cystitis facculenta*) occurred, the prognosis was very bad and death soon supervened.—*Allgemeine Wiener Zeitung*.

BOSTON MEDICAL ASSOCIATION.—It is proposed to offer at the Annual Meeting in May the following amendments to the Rules and Regulations.

To substitute for Article Sixth the following words: "VI. No member of this Association shall consult with, or in any way aid or abet, an irregular practitioner." In Article Nineteenth, to substitute for the words "semi-annually * * * * July" the following: "quarterly, on the first days of January, April, July and October." It is hoped that these suggestions will commend themselves to the approval of members.

The new General Hospital for the Insane at Middletown, Conn., has progressed so far toward completion, that it is ready to receive a limited number of male patients.

Dr. Robley Dunglison, for many years Professor of Physiology in the Jefferson Medical College, Philadelphia, has just resigned his position.

Selections and Medical Items.

ELECTRICITY IN POISONING BY OPIUM.—The *Annales de l'Electricité* calls attention to the value of this agent in opium-poisoning. It narrates four cases where it was successfully employed when the patient was in *extremis*, and when all the usual means, vomiting, stomach-pump, coffee, tannin, &c. (belladonna not mentioned), had been tried, and had failed. One pole was placed at the nape of the neck, and the other in the perinaeum, and in a quarter of an hour the improvement was such that the patient was out of danger.—*Richmond Medical Journal*.

In concluding a memoir on Acupressure in the *Wiener Medizin Wochenschrift*, Professor Billroth, of Vienna, says that, so far as he can judge from his own experience, acupressure is destined to supersede the ligature in most cases; that it has certain marked advantages over the latter, especially in allowing the healing of large wounds by first intention. He says further that, while he has not met with any instance in which an amputation-wound has so thoroughly healed by the first intention that not a drop of pus has escaped, cases of the kind have been related by men so trustworthy that it is impossible to doubt the possibility of their occurrence.—*N. Y. Medical Gazette*.

DELIRIUM TREMENS TREATED WITH CANNABIS INDICA.—Dr. Bedoc, Physician to the Bristol Royal Infirmary, advises, in the treatment of *mania-a-potu*, the employment of the cannabis Indica. He usually begins with a grain of good extract or twenty minims of the tincture; waits from four to six hours, and then, if the patient be awake, gives a double dose. If this also prove fruitless, six hours later he gives three or even four grains; then allows six or eight hours to pass, and, if necessary, tries a yet larger dose. Longer intervals are obviously needful for extract than for tincture. In one case, Dr. B. gave as much as six grains before the patient began to sleep. Along with the remedy he is accustomed to give as much soup, milk, and other digestible food as the patient's stomach will bear, and says that cannabis does not injure the appetite as does opium. He rarely gives alcoholic stimulants, unless the pulse gives unmistakable evidence of its propriety.—*New York Medical Record*.

M. VOISIN, applying the sphygmograph to epileptics after attacks, finds that the cardiac impulse is enormous, and that neither violent exercise nor a vapor-bath give so strong a line ascens. A malingering might thus be detected, as a simulated attack could never produce such a tracing. This observation needs to be confirmed, and to be interpreted with caution.—*Med. & Surg. Reporter*.

MICROPHYTES AND MICROZOA.—Among the researches brought before the Academy of Sciences of Paris, a series of the highest interest, undertaken by M. Lemaire, should be mentioned. This ingenious investigator has found, by carefully conducted experiments in barracks, the open air, and upon people in good health, that upon

the body, or from its emanations, microscopic beings may be collected, the existence of which will considerably assist those who study parasites. The microscopic world bids fair, if further experiments verify those of M. Lemaire, to play a very important part in the elucidation of the genesis of diseases.—*London Lancet*.

M. BROCA has communicated to the French Academy of Sciences an important paper on Odonotomata—tumors constituted by the hypergenesis of the temporary or permanent dental tissue.

THE Legislature of Wisconsin, at the instance of Dr. D. C. Davies, of Portage City, has passed a liberal law legalizing dissections. Also, to prohibit quacks from giving testimony in court on medical matters, and from collecting fees. Other stringent legislation, at our last advices, was contemplated.—*Chicago Medical Journal*.

DR. JAMES R. WOOD has been elected "Emeritus Professor of Surgery" in Bellevue Hospital Medical College, and not of "Clinical Surgery," as stated by us last week.

MEDICAL DIARY OF THE WEEK.

MONDAY, 9, A.M., Massachusetts General Hospital, Med. Clinic; 10, A.M., Medical Lecture. 9, A.M., City Hospital, Ophthalmic Clinic.

TUESDAY, 9, A.M., City Hospital, Medical Clinic; 10, A.M., Medical Lecture. 9 to 11, A.M., Boston Dispensary. 10-11, A.M., Massachusetts Eye and Ear Infirmary.

WEDNESDAY, 10 A.M., Massachusetts General Hospital, Surgical Visit. 11 A.M., OPERATIONS.

THURSDAY, 11 A.M., Massachusetts General Hospital, Clinical Surgical Lecture.

FRIDAY, 9, A.M., City Hospital, Ophthalmic Clinic; 10, A.M., Surgical Visit; 11, A.M., OPERATIONS. 9 to 11, A.M., Boston Dispensary.

SATURDAY, 10, A.M., Massachusetts General Hospital, Surgical Visit; 11, A.M., OPERATIONS.

A Bulletin of Expected Operations, in both the Hospitals, will be found, weekly, at the office of the Boston Medical and Surgical Journal, and at Messrs. Codman & Shurtleff's, 13 and 15 Tremont Street.

TO CORRESPONDENTS.—Communications accepted:—On Hemiplegia—On the Solubility of False Membrane. O.G.'s remittance from abroad received.

BOOKS AND PAMPHLETS RECEIVED.—Twenty-fifth Registration Report of Massachusetts, for 1866.—The Endoscope, and its Adaptation to the Diagnosis and Treatment of Affections of the Genito-Urinary Passages. By A. J. Desormeaux, Paris. Translated by R. P. Hunt, M.D., Chicago.—First Annual Report of the Clarke Institution for Deaf Mutes, at Northampton, Mass., for the year 1867.

DEATHS IN BOSTON for the week ending Saturday noon, April 25th, 192. Males, 54—Females, 48.—Accident, 4—anaemia, 1—aneurism, 1—apoplexy, 1—asthma, 1—disease of the brain, 3—inflammation of the brain, 2—cancer, 3—consumption, 16—convulsions, 1—croup, 2—diarrhoea, 1—diphtheria, 1—dropsy, 2—dropsy of the brain, 1—drowned, 1—epilepsy, 1—erysipelas, 1—scarlet fever, 5—typhoid fever, 2—hernia, 1—infantile disease, 3—intemperance, 1—intussusception, 1—disease of the kidneys, 4—disease of the liver, 2—inflammation of the lungs, 15—measles, 1—old age, 5—paralysis, 1—pleurisy, 1—premature birth, 1—puerperal disease, 1—scalded, 1—scrofula, 1—smallpox, 1—suicide, 1—syphilis, 1—teething, 1—tumor, 1—unknown, 8.

Under 5 years of age, 30—between 5 and 20 years, 18—between 20 and 40 years, 22—between 40 and 60 years, 12—above 60 years, 20. Born in the United States, 69—Ireland, 22—other places, 11.